



COMMONWEALTH OF MASSACHUSETTS
Office Of The Comptroller
Commonwealth Automated Payroll System
ON - LINE REQUEST FORM (OSC CAP)

Nature Of Request: ☐ ADD
☐ CHANGE
☐ DELETE

DEPARTMENT NAME

DATE: _____

ORGANIZATION NAME

CODE: _____
(3 tell, dept. code)

CODE: _____
(4 digit numeric code)

PROFILE NUMBER AND TITLE: _____

ORGANIZATION RESTRICTION: _____ (Optional)

EMPLOYEE'S NAME: _____
(Last) (First) (Middle Initial)

EMPLOYEE'S POSITION NUMBER: _____ (IF 03, LIST SC NO.): _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ PHONE NUMBER: _____

ASSIGNED UNIVERSAL ACCESS ID: _____

APPROVED BY: _____ TITLE: _____
Dept. Head

APPROVED BY: _____ TITLE: _____
Internal Control

SIGNATURE OF SECURITY OFFICER: _____

FOR COMPTROLLER'S USE ONLY

Date: _____

ASSIGNED CAPS PROFILE: As Requested ()

Other: _____

APPROVED BY: _____

Title: Security Systems Administrator

REMINDER: This password is assigned for your use only. You will be held accountable for all transactions processed with this code. Any violation of this security could result in disciplinary anion:

IF YOU HAVE ANY QUESTIONS CONTACT (617) 973-2381

KATHLEEN O'LEARY

Room 903
One Ashburton Place
Boston, MA 02108

COMPTROLLERS DIVISION
SECURITY ADMINISTRATION

Date Received: _____ By _____

Data Assigned: Date _____ By _____

Data Updated: Date _____ By _____

Data De-Activated: Date _____ By _____